

"Payee" Registration

Due to an IRS requirement, the State of Washington must register everyone it sends payments to as a "payee" (formerly "vendor.") This requires the completion of a state form ("Statewide Payee Registration") which includes registration information, payment option selection and an IRS form W-9. Copies of the form and instructions can be accessed from the Office of Financial Management (OFM) web site:

<http://www.ofm.wa.gov/isd/vendors.asp> . While most of what is required is covered in the instructions for the form, there are a few items that are peculiar to Emergency Worker Program claimants which will be covered here. (Please refer to the attached examples.)

Individuals Enter your social security number in the appropriate space. In Step 2, where the form asks for "Primary Business" enter "Volunteer Emergency Worker." Under the "Select Payment Options" portion of the form (Step 3), decide how you wish to receive your Emergency Worker Program claim reimbursement payments. If you wish to continue to receive a check mailed to your home or post office box, select "Check in US Mail" and proceed to Step 5. If, however, you wish to receive your Emergency Worker Program claim reimbursement payments by direct deposit to your bank or credit union account, select "Direct Deposit to Bank." If, and ONLY IF, you have checked "Direct Deposit to Bank" complete the direct deposit information portion of the form (Step 4) including signature and date.

For the W-9 portion of the form (step 5) check "Volunteer" (item 3) and "Exempt from backup withholding" (item 5.) Enter your social security number in the appropriate spaces. Complete the rest of the form and sign.

Units (501(c)(3)) Enter your Employer Identification Number (EIN) in the appropriate space. In Step 2, where the form asks for "Primary Business" enter "Volunteer Emergency Workers." Under the "Select Payment Options" portion of the form (Step 3), decide how you wish to receive your Emergency Worker Program claim reimbursement payments. If you wish to continue to receive a check mailed to the unit, select "Check in US Mail" and proceed to Step 5. If, however, you wish to receive your Emergency Worker Program claim reimbursement payments by direct deposit to your bank or credit union account, select "Direct Deposit to Bank." If, and ONLY IF, you have checked "Direct Deposit to Bank" complete the direct deposit information portion of the form (Step 4) including signature and date.

For the W-9 portion of the form (Step 5) check "Tax Exempt Organization" (item 3) and "Exempt from backup withholding" (item 5.) Enter your unit's EIN in the appropriate spaces. Complete the rest of the form and sign.

As noted on the OFM web page, you may email, fax, or mail the completed forms to them. However, for more rapid service, please mail or email the forms to:

Gayle Rowan
State Finance Bldg 1
Camp Murray WA 98430-5000

Gayle.Rowan@mil.wa.gov

Please note: the above instructions are intended for Emergency Workers and Units that do not receive any payments from the State of Washington except Emergency Worker Program claim reimbursements. If you do receive other types of payments you should contact OFM for guidance relative to your particular situation.

If you have any questions, contact me directly at c.long@emd.wa.gov, or 253-512-7024.

Chris Long
State SAR Coordinator

PLEASE
DONOT
STAPLE

Statewide Payee Registration Washington State

Individual

STEP 1: Is this a NEW registration or CHANGE to an existing registration (check one)?

☐ **NEW REGISTRATION** (also includes changing the LEGAL NAME, SSN, EIN or reporting type)

☐ **CHANGE to EXISTING REGISTRATION** – complete the ENTIRE form and check below what is updated:

☐ Business Name/DBA ☐ Business Address ☐ Contact Information ☐ Bank, Routing or Account Numbers ☐ Payment Options

If you know your Statewide Vendor Number, enter it here: **SWV:** _____

STEP 2: Enter information about the payee and contact person

Legal Name of Payee as it appears on federal tax forms

EIN or SSN for the Legal Name at left

Business Name, if different from Legal Name above – eg. Doing Business As (DBA) Name

Contact Person

Mailing Address for us to send notifications or payments – PO Box or Street Address

Title of Contact person

Mailing Address – Suite or Office Number

() - Ext. _____
Telephone Number for Contact Person

City

State

Zip + 4

() - _____
Fax Number for Contact Person

Email for us to use ONLY to send you notifications about your account

Primary Business

Volunteer Emergency Worker

STEP 3: Select Payment Option:

☐ Direct Deposit to bank (recommended) or ☐ Check in US mail

STEP 4: For Direct Deposit, complete all fields below and sign

Financial Institution Name – must be a US institution

() - _____
Financial Institution Phone Number

Routing Number – see example at right

Account Number – see example at right

You may also attach a voided check if you are unsure which number to enter above

Account Type: ☐ Checking or ☐ Savings (Checking will be used if neither box is marked.)

J. M. Wired
1234 Anywhere Avenue
Anyville, Anystate 56789

PAY TO THE ORDER OF

AnyBank USA
Anywhere, USA

⑆044008804⑆ 960130629

↑
routing Number
(nine digits)

↑
account number
can vary in length

Authorization for Direct Deposit:

I hereby authorize and request the Office of Financial Management (OFM) and the Office of the State Treasurer (OST) to initiate credit entries for payee payments to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, OFM and OST may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, OFM will notify this office of the error and the reason for the reversal. This authority will continue until such time OFM and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

Authorization Name on Account

Title

SIGNATURE of Authorization Name on Account

Date

Individual

STEP 5: Complete and sign the Request for Taxpayer Identification Number (W-9)

Substitute Form W-9	Request for Taxpayer Identification Number and Certification	
1. Legal Name (as shown on your income tax return) [Redacted]		
2. Business Name, if different from Legal Name above – eg. Doing Business As (DBA) Name [Redacted]		
3. Check ONLY ONE box below (see W-9 instructions for additional information)		
<input type="checkbox"/> Individual or Sole Proprietor <input type="checkbox"/> LLC filing as a sole proprietor <input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp	<input type="checkbox"/> LLC filing as Corporation <input type="checkbox"/> LLC filing as Partnership <input type="checkbox"/> LLC filing as S-Corp
<input type="checkbox"/> Non Profit Organization <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Board /Committee Member		
<input type="checkbox"/> Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Federal Government (including tribal)		
<input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Trust/Estate		
4. For Corporation, S-Corp, Partnership or LLC, check one box below if applicable: <input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal		
5. If exempt from backup withholding, check here: <input type="checkbox"/> (see instructions for W-9 to determine if you are exempt from backup withholding)		
6. Address (number, street, and apt. or suite no.) [Redacted]		For office use
7. City, state, and ZIP code [Redacted]		
7. Taxpayer Identification Number (TIN)		
Enter your EIN OR SSN in the appropriate box to the right (do not enter both) For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).		
<div style="display: flex; justify-content: space-between;"><div>NOTE: The EIN or SSN must match the Legal Name as reported to the IRS. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 instructions. If the account is in more than one name, see the W9 instructions for guidelines on whose number to enter.</div><div><div style="border: 1px solid black; padding: 2px; text-align: center;">Social security number</div><div style="border: 1px solid black; display: flex; justify-content: space-around; width: 100px; height: 20px; margin: 0 auto;">[][][]-[][][]-[][][][][]</div><div style="text-align: center; margin: 5px 0;">OR</div><div style="border: 1px solid black; padding: 2px; text-align: center;">Employer identification number</div><div style="border: 1px solid black; display: flex; justify-content: space-around; width: 100px; height: 20px; margin: 0 auto;">[][][]-[][][][][][][][][]</div></div></div>		
8. Certification		
Under penalty of perjury, I certify that:		
<ul style="list-style-type: none">The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), andI am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, andI am a U.S. person (including a U.S. resident alien).		
(For additional information about the W-9 see the W-9 instructions.)		
SIGNATURE of U.S. PERSON [Redacted]		Date [Redacted]

STEP 6: Submit

For fastest service, **PRINT, SIGN, SCAN and EMAIL to PayeeForms@ofm.wa.gov**

If you do not have scanning ability, you may fax to: **360-664-3363**

or mail to: **Statewide Payee Desk PO Box 41434 Olympia, WA 98504-1434**

PLEASE
DO NOT
STAPLE

Statewide Payee Registration Washington State

501(c)(3) Unit

STEP 1: Is this a NEW registration or CHANGE to an existing registration (check one)?

- ☐ **NEW REGISTRATION** (also includes changing the LEGAL NAME, SSN, EIN or reporting type)
- ☐ **CHANGE to EXISTING REGISTRATION** – complete the ENTIRE form and check below what is updated:
- ☐ Business Name/DBA ☐ Business Address ☐ Contact Information ☐ Bank, Routing or Account Numbers ☐ Payment Options

If you know your Statewide Vendor Number, enter it here: **SWV:** _____

STEP 2: Enter information about the payee and contact person

Legal Name of Payee as it appears on federal tax forms

EIN or SSN for the Legal Name at left

Business Name, if different from Legal Name above – eg. Doing Business As (DBA) Name

Contact Person

Mailing Address for us to send notifications or payments – PO Box or Street Address

Title of Contact person

Mailing Address – Suite or Office Number

() () - () Ext. ()

Telephone Number for Contact Person

City

State

Zip + 4

Fax Number for Contact Person

Email for us to use ONLY to send you notifications about your account

Primary Business

Volunteer Emergency Workers

STEP 3: Select Payment Option:

- ☐ Direct Deposit to bank (recommended) or ☐ Check in US mail

STEP 4: For Direct Deposit, complete all fields below and sign

Financial Institution Name – must be a US institution

() () - ()
Financial Institution Phone Number

Routing Number – see example at right

Account Number – see example at right

You may also attach a voided check if you are unsure which number to enter above

Account Type: ☐ Checking or ☐ Savings (Checking will be used if neither box is marked.)

I. M. Wired
1234 Anywhere Avenue
Anyville, Anystate 56789

PAY TO THE ORDER OF

AnyBank USA
Anywhere, USA

00000

1:044008804 1: 960130629

↑
routing number
(nine digits)

↑
account number
can vary in length

Authorization for Direct Deposit:

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Title

SIGNATURE of Authorization Name on Account

Date

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<input type="checkbox"/> Non Profit Organization <input type="checkbox"/> Volunteer <input type="checkbox"/> Board /Committee Member	<input type="checkbox"/> Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Federal Government (including tribal) <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Trust/Estate
4. For Corporation, S-Corp, Partnership or LLC, check one box below if applicable: <input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal	
5. If exempt from backup withholding, check here: <input type="checkbox"/> (see instructions for W-9 to determine if you are exempt from backup withholding)	
6. Address (number, street, and apt. or suite no.) [Redacted]	
7. City, state, and ZIP code [Redacted]	
For office use	
7. Taxpayer Identification Number (TIN) Enter your EIN OR SSN in the appropriate box to the right (do not enter both) For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). NOTE: The EIN or SSN must match the Legal Name as reported to the IRS. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 instructions. If the account is in more than one name, see the W9 instructions for guidelines on whose number to enter.	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Social security number <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> </div> OR <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Employer identification number <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> </div>	
8. Certification Under penalty of perjury, I certify that: <ul style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. person (including a U.S. resident alien). (For additional information about the W-9 see the W-9 instructions.)	
SIGNATURE of U.S. PERSON <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>	
Date <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div>	

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